FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| | OMB APPROVAL | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| l | Estimated average burden | | | | | | | | |
| l | hours per response: | 0.5 | | | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* Mullings Paul E | | | | | | 2. Issuer Name and Ticker or Trading Symbol AGNC Investment Corp. [AGNC] | | | | | | | | | p of Reporti blicable) tor | ng Per | rson(s) to I | | |
|--|--|---------|---|---|--|---|---|-------------------------------|--------------------|--|---|-------|---|---|---|--|--|---|--|
| (Last) | (Fi | rst) (f | 3. Date of Earliest Transaction (Month/Day/Year) 05/10/2023 | | | | | | | | | | Office below | icer (give title ow) | | Other (specify below) | | | |
| AGNC INVESTMENT CORP. 7373 WISCONSIN AVENUE, 22ND FL | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | | |
| (Street) BETHESDA MD 20814 | | | | | Form filed by More than Person | | | | | | | | | | | n One Rep | orting | | |
| (City) | (City) (State) (Zip) | | | | | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | ecur | rities | Acq | uired, | Dis | posed of | f, or | Bene | ficiall | y Owr | ned | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | | Execution Date, | | | 3. 4. Securitie Disposed C 5) | | | | | | 5. Amo Securi Benefi Owned Follow | ties cially I ing | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | Amount | (A) (D) | or Pi | rice | Reported Transaction(s) (Instr. 3 and 4) | | | | | | | | | |
| Common Stock, par value \$0.01 per share 05/10/20 | | | | | | 023 | | | S | | 3,400 | I | \$ | 9.395 | 395 87,369 ⁽¹ | |) ⁽¹⁾ D | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | ative Conversion Date Execution Date, ity or Exercise (Month/Day/Year) if any | | | 4. Transaction Code (Instr. 8) | | Secu Acqu (A) o Dispo | vative irities ired ir osed) r. 3, 4 | s | | te | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Der Ser (Ins | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4) | y [0 | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | Code | v | (A) | (D) | Date Exercisable | | Expiration Date | Title | or Numb of | er | | | | | | | |

Explanation of Responses:

1. Includes 1,148 dividend equivalent restricted stock units received on previously granted RSU awards since the Reporting Person's last Form 4 filing.

/s/ Kenneth L. Pollack, as Attorney-in-Fact 05/11/2023

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.